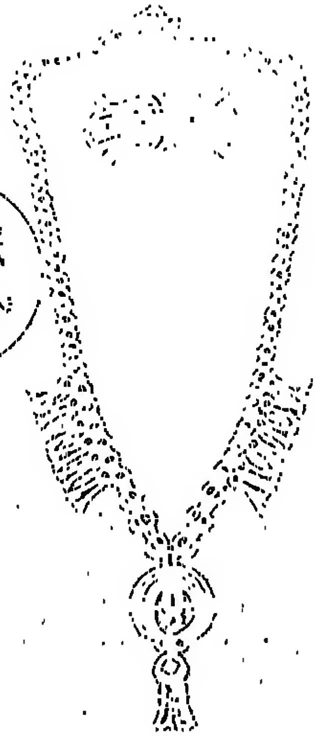

INDIANS on Federal RESERVATIONS in the United States

a Digest

Albuquerque Area

ARIZONA

COLORADO

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Item 486-B
April 1960

U.S. DEPARTMENT OF HEALTH, EDUCAT

Public Health Service

Division of Indian Health

INDIANS ON FEDERAL RESERVATIONS
IN THE UNITED STATES
- A DIGEST -

ALBUQUERQUE AREA

* Arizona
* Colorado
* New Mexico
* Utah

U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Public Health Service

Division of Indian Health

Washington, D. C.
January 1960

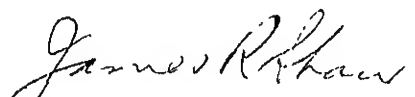
Program Analysis and
Special Studies Branch

FOREWORD

The Division of Indian Health has had a constantly recurring need for general summary information on the various Indian reservation groups which come under its jurisdiction. Moreover, other governmental as well as non-governmental agencies have had an increasing need for similar information. Unfortunately, no one source has been able to provide, briefly and simply, the variety of facts required.

A series of "Digests" is, therefore, being prepared to present basic information about each Indian reservation group in the various Division of Indian Health Area and Sub-Area jurisdictions. The summaries are not intended as comprehensive studies--rather as fact sheets for quick and ready reference. Since they are aimed primarily to highlight the particular interests of health personnel, they may omit items of more direct concern to persons in other fields of interest. For example, no attempt is made to describe reservation conservation or development projects, business enterprises, educational endeavors, or Federal, State and local public assistance and welfare programs.

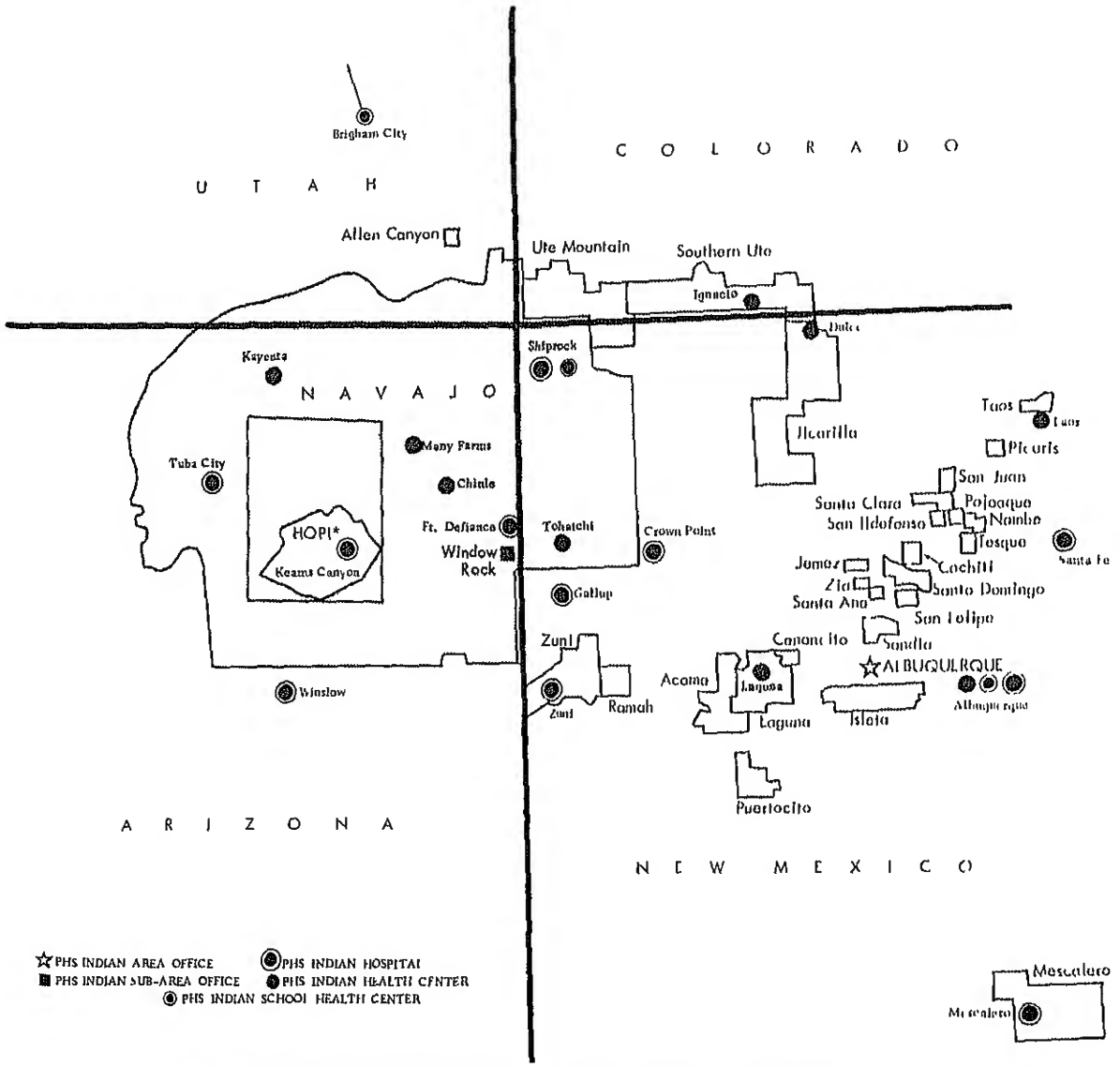
The Digests are prepared in the Division's Program Analysis and Special Studies Branch. Mr. John Costley and Mrs. Laura Rosen shared responsibility for searching the wide variety of information sources, selecting the pertinent facts to be used, and developing the general format and final presentation. Special mention is made of the invaluable assistance given by Area Office staff members in Albuquerque and Window Rock, who not only carefully reviewed and checked the material but also provided considerable additional information. Special acknowledgement is also made of the assistance and helpful suggestions of the members of the other Branches of the Division of Indian Health.



James R. Shaw, M.D.
Assistant Surgeon General
Chief, Division of Indian Health

U. S. SUPT. OF DOCS.

FEDERAL INDIAN RESERVATIONS AND HEALTH FACILITIES
UNDER THE JURISDICTION OF THE ALBUQUERQUE AREA OFFICE
(Arizona, Colorado, New Mexico, Utah)



*Hopi Reservation with PHS Hospital at Keams Canyon, Arizona, under the jurisdiction of the Phoenix Area Office.

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INTRODUCTION AND SUMMARY

Of an estimated total Indian population in the United States (including Alaska) of 534,000 in 1957, about 382,500 are potential beneficiaries of the Indian health service program now administered by the Public Health Service in the Department of Health, Education, and Welfare. Of these 382,500 Indian men, women, and children, about 345,000 reside in some 240 Federal Indian reservation areas, principally located in 24 States (except Alaska) west of the Mississippi River. In Alaska, health services are made available to about 37,500 Aleuts, Eskimos, and Indians.

Responsibility for the provision of health services for Indians and Alaska Natives was transferred to the Public Health Service from the Bureau of Indian Affairs, Department of the Interior, on July 1, 1955. The Service administers this program through the Division of Indian Health in its Bureau of Medical Services. At the present time, the Division operates 52 hospitals for Indians and Alaska Natives. Treatment for ambulatory patients and preventive health services are provided at hospital outpatient clinics, at 23 field health centers, 19 school health centers, and at several hundred smaller health service points. Extensive use also is made of local community resources for hospital and medical care and preventive health services. Hospital care is provided at about 300 community facilities either through contract with the Public Health Service or on a reimbursable basis. Contractual arrangements for service for Indian beneficiaries are also in effect with several hundred physicians and dentists. In addition, contracts are in effect with 6 local and State welfare departments for medical care, and with 16 State or local health departments for public health services.

Other services relating to the economic and social well-being of Indians continue to be administered by the Bureau of Indian Affairs, with which the Division of Indian Health maintains close working relationships. In both agencies, program operations are conducted through a system of Area Offices. (See map, opposite page.) Basically, the Indian Health Area structure conforms with that of the Bureau of Indian Affairs.

The jurisdiction of each of the Public Health Service Indian Health Areas includes large numbers of Indian people with wide variety in cultural patterns and economic circumstances. Altogether, there are today in the United States several hundred Indian tribes and bands, each with distinguishing characteristics. Sometimes members of a tribe are few in number, clustered together at one location; more often they are scattered over a broad area which may include a number of reservations. Once a vigorous people, totalling about 800,000, the Indian population was sharply reduced by tuberculosis, smallpox, dysentery, and other diseases brought by the early white settlers. Today the Indian people are still faced with a burden of disease far in excess of that found in the general population. Most of their illnesses are from preventable diseases which have long been under control in other groups throughout the country.

PHS INDIAN HEALTH AREA AND SUB-AREA JURISDICTION

ABERDEEN, SOUTH DAKOTA
PHS Indian Health Area Office
422½ South Main Street

Bemidji, Minnesota
PHS Indian Health Bemidji Office
124 Beltrami Avenue

ALBUQUERQUE, NEW MEXICO
PHS Indian Health Area Office
220½ - 3rd Street, N.W.

Window Rock, Arizona
PHS Indian Health Sub-Area Office
P. O. Box 188

ANCHORAGE, ALASKA
PHS Alaska Native Health
Service Area Office
P. O. Box 7-741

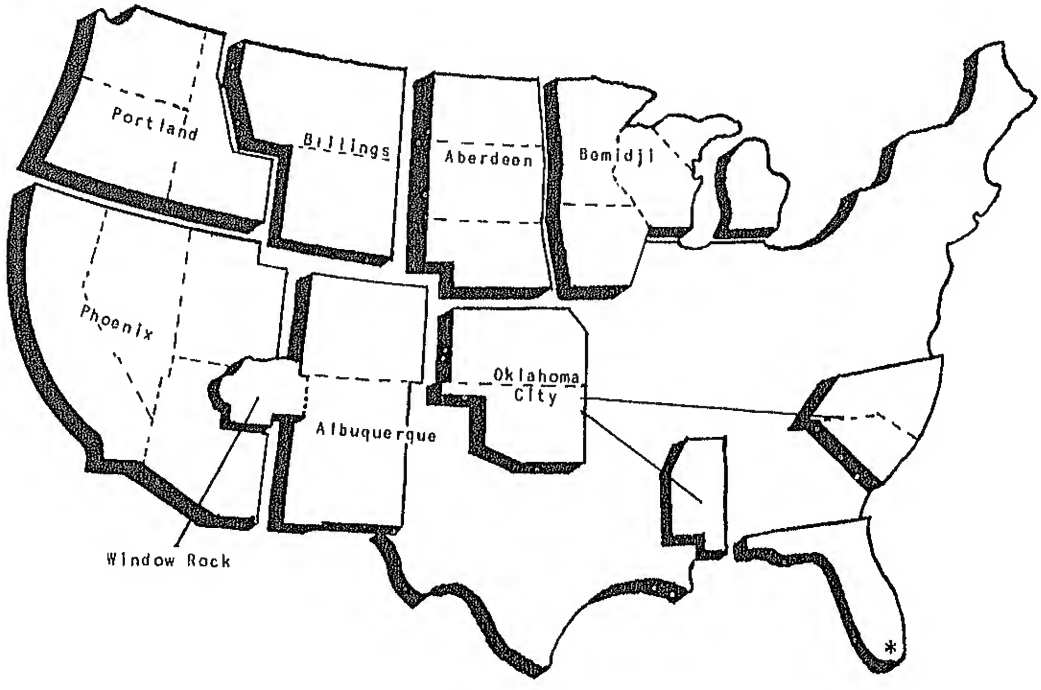
Mt. Edgecumbe, Alaska
PHS Alaska Native Health
Service Sub-Area Office

OKLAHOMA CITY, OKLAHOMA*
PHS Indian Health Area Office
301 Post Office & Court House Bldg.

PHOENIX, ARIZONA
PHS Indian Health Area Office
4110 North 16th Street

PORTLAND, OREGON
PHS Indian Health Area Office
P. O. Box 1729 (208 - 5th St. S.W.)

Billings, Montana
PHS Indian Health Sub-Area Office
P. O. Box 2143 (709 Central Ave.)



*Services to the Seminole Indians, Florida, formerly administered through PHS Indian Health Area Office, Oklahoma City, now administered through the PHS Regional Office IV, Atlanta, Georgia.

In developing its program for improving the health of the Indian people, and in recruiting workers for this program, the Public Health Service has had a need for basic facts on the reservation groups which, for health purposes, are under its jurisdiction. This series of Digests of information from a wide variety of sources has been prepared in an effort to meet this need.

The present publication is comprised of material on Indian reservations in those portions of four States which fall within the Albuquerque Area Office jurisdiction--Arizona, Colorado, New Mexico, and Utah. (Other Indian groups in parts of Utah and Arizona fall within the Phoenix Area.) The series will include a Digest on the reservations in each of the Public Health Service Indian health jurisdictions.

Indians residing within the Albuquerque Indian Health Service Area are generally known as the Navajo, the Pueblo, the Ute, and the Apache. Current estimates of the Navajo population for whom health services are administered through the Sub-Area Office at Window Rock, Arizona, range from 70,000 to 84,000. Estimates place the number of health service beneficiaries among the Pueblo Indians (including the Zuni) at about 20,000; the beneficiaries among the portion of the Ute Tribe located in this Area at 1,200; the beneficiaries among the Jicarilla and Mescalero bands of Apache at 2,400.

Of the Indian people of New Mexico, only the Pueblo are indigenous to the land on which they now live. The Pueblo are descended from prehistoric cave dwelling tribes who, to maintain land claims and to withstand invasion, designed their communities as fortresses. About 1,000 - 1,200 A.D. the Pueblo were confronted with bands of Indians believed to have migrated by slow stages from Alaska and Canada. A substantial number of the invaders settled among the Pueblo or "village" Indians, making inroads into the Pueblo holdings and adopting many of their customs. These newcomers, called "Apaches de Nabaju" (Strangers to the Cultivated Fields) by the Spaniards in later years, eventually discarded the given name "Apache" and became known as the Navajo.

Another segment of the invaders, the Utes, also pushed south and eastward, but met with considerable resistance. A third segment continued to roam as far as Mexico, emerging at a future date as the Jicarilla Apache and the Mescalero Apache. The Utes and the Apache, highly mobile peoples, adopted many of the ways of the Plains Indians and other primitive tribes they encountered along the Rocky Mountain route. In the course of time, however, they too were established beside the Pueblo and the Navajo.

The various Indian reservations or Pueblos described in this publication are grouped geographically according to Health Service units so delineated to provide a practical basis for health program operation in this Area. Major groupings follow tribal lines with the Navajo, largest numerically, subdivided into eight units, the Pueblo into five units (in which are included three small outlying Navajo sites), the Utes and Apache into three Health Service units.

The Navajo

The Navajo is one of the best-known and the largest of the Indian tribes. They, with the Apaches, belong to the Athabascan language family whose homeland has been traced to Alaska and the Province of British Columbia. A southward movement of numerous small parties of the Athabascan started, it is believed, as much as 1,000 years ago. By the mid-1400's, their travels had brought them to the American Southwest, where two major and distinct groups evolved -- the Navajo and the Apache.

Origianlly hunters and gatherers, the Navajo adopted many of the ways of the Pueblo Indians among whom they eventually settled -- agriculture, weaving, and pottery making. Later, following contact with the Spanish, they turned to dependence on livestock raising, as well as the raiding of other Indian and white settlements. It was not until the late 1860's that they finally were regimented by U. S. Government soldiers and settled within defined reservation boundaries.

The Navajo Reservation today extends over 15 million acres in northern Arizona, New Mexico, and southern Utah. Over this vast territory, striking in its beauty but low in productivity, are scattered small family groups of some 70,000 - 84,000 Navajo. Despite an ability to adapt readily to social or economic change, the Navajo cling to many of their traditional ways. Their religion, directed mainly toward curing practices, remains the center of their culture; their homes, or hogans, are much the same as the one-room log or earth buildings used by their ancestors; the matrilineal clan system still exists, and Navajo is the language generally used.

In spite of the size of the Navajo Reservation, it no longer can support its people. Today, the great majority of Navajos live in poverty. Never a land that could offer a rich living to many people, overgrazing had destroyed the already limited land cover, and severe soil erosion resulted. The land reached such a serious stage of deterioration that, in 1935, the Department of the Interior imposed a program of stock reduction and grazing control -- a program bitterly opposed by the Navajos who were convinced that their security and livelihood were threatened.

World War II brought outside work opportunities and contacts hitherto foreign to Navajo experience. With an abrupt end of wage work at the close of the war, and with the effects of the accumulated neglect of their meager land and stock resources, the Navajos found themselves in dire economic straits in the late 1940's. Following some stop-gap measures, Congress in 1950 authorized the appropriation of $88,570,000 for a 10-year Navajo rehabilitation program. Long-range objectives were to improve soil and range conservation; develop agricultural, timber, and other resources; establish opportunities for employment on the reservation and encourage employment beyond its boundaries; build roads; raise educational standards; and expand field medical services and medical facilities. Although none of these objectives has as yet been fully accomplished, remarkable progress has been made.

Control of soil erosion is being fostered; much-needed wells are being drilled and equipped; irrigation farming has been initiated; timber and other resources are being developed; uranium, vanadium, copper, and coal mines are being worked, and efforts to attract industry to the reservation and its environs have increased. In 1948, it was reported that there were school facilities for only 7,500 Navajo pupils -- 6,500 in Federal and 1,000 in mission schools. Raising of educational standards was promoted by a 1950 Congressional authorization of an appropriation of $25 million for school construction. By fiscal year 1958, 27,000 Navajo 6 - 18 years of age were enrolled in school. That year the Bureau of Indian Affairs was operating 49 boarding schools (with enrollments ranging from 20 to 1,090) on the Navajo Reservation; 7 off-reservation boarding schools attended by Navajo children, including Intermountain at Brigham City, Utah, with an enrollment of over 2,200 students; 8 regular day schools, 23 trailers, and one hogan school on the reservation.

Attainment of the rehabilitation program's objective to expand field medical services and medical facilities became the responsibility of the Public Health Service on July 1, 1955. Since that time, marked changes have taken place on the Navajo. Health staff has been expanded substantially, including increases in the number of physicians, nurses, sanitarians, dentists, health education workers, medical social workers, and other professional and technical personnel. Rehabilitation of existing health facilities has been pushed. Recently 3 new health centers and 5 new field health clinics have been put into operation. A new 75-bed hospital is being completed at Shiprock, New Mexico, and ground has been broken for a new 200-bed hospital and medical center at Gallup. Increasing numbers of Navajos are receiving preventive and curative services in Public Health Service Indian hospitals, in field health clinics, and in their homes. Local community hospitals and private physicians and dentists are also serving increasing numbers of Navajos through contracts with the Public Health Service. Progress is being made in environmental sanitation on the reservation -- a cooperative endeavor of the tribe and the Service.

There already is ample evidence of an improved health picture. Dramatic gains have been made in reducing new cases of tuberculosis and deaths from this cause; in the saving of infant lives; in lowering death rates from illnesses which can be prevented by modern control measures. With wider understanding of the need for good health, the Navajo are seeking treatment in the early stages of illness when treatment can be most effective. Although much work still remains, a long stride has been taken toward the goal of bringing the health of the Navajo to a level which can compare favorably with that of the Nation.

Throughout the development of the various phases of the rehabilitation program, the Navajo Tribe itself, through its Tribal Council and special committees, has played an increasingly important role. The Tribal Health Committee, for example, has taken an active part in furthering measures for meeting Navajo health needs. Funds authorized by the Tribal Council are helping to drill and equip wells, purchase prosthetic appliances,

provide health education and occupational therapy materials, support a field health research project at Many Farms in cooperation with Cornell University and the Public Health Service, develop a new low-cost frame house (designed in conjunction with the Public Health Service environmental sanitation staff), provide scholarships for Navajo youth, purchase clothing for indigent school children, and support various public works projects, including new road construction. The Council is well aware of the social and economic needs of the Navajo people, and of the necessity for sound planning to meet these needs. The Tribe, the Bureau of Indian Affairs, and the Public Health Service are joined in their planning to meet the long-term, as well as the immediate, needs of the Navajo people.

The Pueblo Group

Some hundred years after the Navajo had reached the southwest, 16th century Spanish explorers encountered the peaceful village Indians of this region, referring to them as the "Indios de los Pueblos," (Village Indians). Of countless earlier communities, 19 pueblo-type reservations remain in or near the Rio Grande Valley, New Mexico. Some are spectacular as, for example, 1,000 year old Acoma with its terraced homes of sandstone, earth and lumber -- high upon a mesa; Taos with its multi-floored, apartment-like dwellings. For the most part, their homes are substantial one-story adobe or stone buildings, usually with 3 to 6 rooms, located within a clearly delineated village plan. Only in recent years have the Pueblo spread beyond the limits of the village proper.

Each group was accorded a grant of land by the King of Spain. This grant was recognized by the Mexican Government, was confirmed by the United States Government in 1858, and soon thereafter was patented by President Lincoln. According to tradition, the current holder of the office of Governor at each Pueblo receives three canes -- the gifts of the King of Spain, the Mexican Government, and of Abraham Lincoln.

Integral to the community plan are the kivas -- ceremonial chambers dedicated to religious ceremonies and to council meetings. Each Pueblo has at least two kivas (except at Laguna where the kivas are no longer in use). At Acoma, there are 7 kivas, rectangular in shape; at Taos, 7 circular subterranean kivas; at Cochiti, 2 circular kivas. At San Ildefonso, there is the old kiva of the South Plaza and the rectangular two-story kiva of the North Plaza. Usually the Spanish Mission Church is located outside of the pueblo proper although at Isleta the village has gradually surrounded the Church. A deeply religious and an agricultural people, the basic faith is that "man and nature must live in harmony together." Despite Spanish introduction of Christianity, tribal activities continue to be associated with ancient sacred rites that have lasted through the centuries.

In addition to the pattern of their villages, the Pueblo Indians are known for their craftsmanship. Originally basket weavers, they turned to pottery making of great artistic merit. Some baskets styled according to tradition can be found today at Jemez; drums made of hollowed-out

cottonwood logs can be found at Cochiti; and pottery is designed at various places -- typically of black design on pink, at Cochiti; of abstract design on a black background, at San Ildefonso; plain polished pottery both black and red, at San Juan; decorated pottery at Taos.

Various techniques passed on to the Pueblo by the Spanish have patterned the Pueblo way of life: the use of draft animals, sheep and cattle; the use of steel tools; the planting of wheat and of fruit trees. The Pueblo are essentially a farm people whose principal crops are corn, chili, squash, and beans, but some have diversified with sheep and cattle raising. A matrilineal clan system generally is followed whereby family descent is traced through the mother.

Many Pueblo men find off-reservation work at Albuquerque, at Santa Fe, at Espanola, Grants or Taos, or on the Santa Fe Railroad. There is mining at Laguna. Atomic energy developments have provided employment at Los Alamos since 1940; the discovery of uranium at Laguna has also brought job opportunities. Even those who leave the Pueblo to earn a living commute great distances or return whenever possible to preserve identity with the home and the community.

The combined population of the 19 separate Pueblos today is about one-third that of the Navajo. Pueblo land holdings are small, and are generally readily accessible, compared with those of the Navajo; they scatter about Santa Fe and Albuquerque, and many are within commuting distance of Los Alamos. Most can now be reached by all-weather roads.

For many years the Bureau of Indian Affairs maintained a day school at the principal Pueblo villages. At the present time, however, these schools are gradually being transferred into the New Mexico Public School System. In fiscal year 1958, at least 96 percent of Pueblo aged 6 - 18 attended school. Of the enrolled children, 41 percent were at Bureau of Indian Affairs day schools, 15 percent at Bureau of Indian Affairs boarding schools, 32 percent at public schools, and the remainder at mission schools. With the exception of some of the very old people whose second language is Spanish, English is in general readily understood in all the Pueblos.

Respiratory infections and gastroenteric diseases have, for long, been major threats to the health of Pueblo Indians. With improved and extended health services to the Pueblos, marked reductions have been made in the incidence of these conditions. New cases of tuberculosis, for example, are reported to be only about one-third the number found during 1955 -- the year of the Indian health program's transfer to the Public Health Service. The infant mortality rate has been substantially lowered and progress is apparent in reducing fatalities from gastroenteric diseases. Environmental sanitation programs, in which tribal members actively participate, are showing results in improved sanitary conditions among the Pueblos.

The Ute and Apache Groups

The Utes and the Apaches share the tradition of a strong and warlike people. The Utes, from whom the State of Utah derives its name, probably migrated from an original Great Basin habitat. Known to have been among the strongest and most warlike of the tribes who crossed the plateau, their fighting ability was later strengthened by acquisition of the horse. Ute Indians adopted much of the Plains culture, especially the war dances. Primarily occupied with hunting and raiding other Indian as well as non-Indian settlements, the Utes devoted little time to agriculture, handicrafts, or the development of elaborate ceremonials. Their numbers are fairly limited today. One segment has settled in northern Utah, on the Uintah and Ouray Reservation (under the Phoenix Area jurisdiction). The remainder, those who settled in the southern part of the State graze livestock on the isolated mountains reaching into Colorado, or farm the valleys farther to the east. Since 1950, restitution payments on behalf of the Confederated Bands of Ute Indians for lands taken from them by the Federal Government, together with substantial returns from oil, gas, coal, and uranium leases, have improved their level of living appreciably.

The Apaches, together with the Navajos, are members of the Athabascan language group, a linguistic family traceable to the interior of Alaska and British Columbia. Over hundreds of years, small bands of the Athabascans strayed from their homeland, moving gradually southward, adopting the habits and learning the ways of other Indian groups whom they encountered as they moved. With their eventual settlement in the American Southwest, the Apaches, for the most part, kept to the mountains, occupying themselves mainly with hunting and raiding other Indian camps and villages. Armed with an Arctic-type bow of Asiatic origin -- stronger than any bow known to the southwest at that time -- the Apache became the terror of the Pueblo and other Indian villagers, and later of the whites. The last Indian group to be subdued, the Apaches finally were forced to settle within prescribed reservation boundaries by the end of the 19th Century.

Two well-known Apache groups are to be found in present-day New Mexico: The Mescalero, so-named from the mescal cactus or century plant which they roasted and ate; and the Jicarilla -- Spanish for the small basketry water bottle woven by Apache women.

The Mescalero Reservation -- some 460,000 acres of open grazing and timberland -- lies in the center of the Lincoln National Forest in south central New Mexico. Today, the Mescalero Apaches are engaged principally in stock raising, lumbering, and to a very limited extent, farming. The tribe itself, and the Bureau of Indian Affairs Agency offer some employment opportunities, but other employment is generally scarce. Since there has been reluctance among the Mescalero to leave home to obtain outside employment, the tribe is utilizing its resources and efforts to extend tribal enterprises and to attract industry to the reservation.

The Jicarilla Apache patterned many of their ways of living from the Pueblo -- the planting of corn, beans, and squash; the ritual of certain religious ceremonies. In outward appearance, however, they resemble the Plains Indians, with braided hair and buckskin clothing handsomely adorned by fine beadwork. Recently, the tribe has been realizing considerable returns from oil and gas leases and from timber sales.

Indian Health Services

Health services to Indians in the Albuquerque Area are provided directly by the Public Health Service through a system of 9 hospitals, 9 health centers, more than 100 field health clinics and some 30 smaller health service points, and school health centers at 3 Bureau of Indian Affairs boarding schools. Where it is to the advantage of the Indian beneficiaries, or where no adequate Public Health Service facilities are available, contractual arrangements are made for services at community hospitals and with private physicians, dentists, or clinics, and with State and local health and welfare agencies.

Hospital Care - The Public Health Service operates 3 Indian general hospitals for others than Navajo in the Albuquerque Area -- at the Mescalero Reservation, at Zuni Pueblo, and at Santa Fe near the Rio Grande group of Pueblos. For the Navajo, the Public Health Service operates 5 general hospitals -- at Crownpoint and at Shiprock, New Mexico; (the latter now being replaced by a new 75-bed facility); at Tuba City, at Winslow, and the larger medical center at Fort Defiance, Arizona. The Keams Canyon Hospital on the Hopi Reservation in Arizona (under the Phoenix Area Office jurisdiction), is also used by Navajos in that area. This facility is now being replaced by a new 38-bed hospital. All hospitals provide outpatient services and carry on extensive preventive activities, including dental care. In addition, the 108-bed Public Health Service Indian Hospital at Albuquerque serves tuberculous patients from the entire Area. Specialist and consultant services by private physicians are available at these hospitals through contract with the Service. Construction is now under way on a new 200-bed hospital and medical center at Gallup, New Mexico.

Throughout the Albuquerque Area, the Public Health Service arranges for utilizing community general hospitals for care of Indian patients, through contracts or other reimbursable arrangements. The largest and most extensively used general hospital facility is the 215-bed Bernalillo County Indian Hospital in Albuquerque. Contracts for care of tuberculous patients are in effect with 5 sanatoria: Cragmor Sanatorium, Colorado Springs, Colorado; Mesa Vista Sanatorium, Boulder, Colorado; Oshrin Hospital, Tucson, Arizona; for some few Navajo and the Mescalero, Fort Stanton Tuberculosis Sanatorium, Fort Stanton, New Mexico; also, under special arrangement with the Presbyterian Hospital Center, Albuquerque, New Mexico, the Service contracts for care of Indian patients referred from the Public Health Service Indian Hospital at Albuquerque.

In New Mexico and Arizona, care of mentally ill patients is provided at the State hospital, through contractual arrangements. In Colorado, Indians are provided care in State institutions, as are all other citizens of the State, without charge.

In general, public health services are provided through the Service's own facilities. However, in Colorado, the Ute group is provided with public health nursing services through PHS contract with the State Department of Health. Utes living in southern Utah are entitled to public health services on the same basis as other citizens of the State.

Other Facilities and Services

Throughout the Albuquerque Area, the Public Health Service provides general medical and dental care and preventive health services through several types of field health facilities outside of the hospital. Numerous field health stations are located in Indian home communities. Some are staffed by one or more Public Health Service staff, such as a public health nurse, a sanitarian aide or a community health worker. Some are served by traveling teams of medical, dental, and allied health personnel whose permanent station may be an Indian health center or an Indian hospital. Others are served by local physicians and dentists under contract, who hold clinics at these stations. In addition to the provision of a substantial volume of diagnostic and curative services, an intensive preventive health activity is carried on by public health nurses, sanitarian aides, and health education workers. These health personnel reach the home, work with individuals and their families, and teach elements of good health practices.

Indian health centers which are larger and more fully staffed are maintained at 5 locations in the Albuquerque Area outside of the Navajo Reservation -- at Ignacio, Colorado, serving the Southern Ute group and at 4 places in New Mexico; at Dulce on the Jicarilla Reservation; at Albuquerque, 12 miles from Isleta Pueblo, within a 30-mile radius of the Jemez, Sandia, Santa Ana, and Zia Pueblos, and within reach of the small Puertocito (Alamo) and Canoncito Reservations; at Laguna on the Laguna Pueblo; and at Taos on the Taos Pueblo, close to the Picuris and San Juan Pueblos. On the Navajo Reservation, 4 health centers-- 3 of them newly constructed--are at Chinle and at Kayenta, Arizona; at Gallup and at Tohatchi, New Mexico. Services to the ambulatory at the health center, on a full-time basis, include general medical care, emergency minor surgery, prenatal and postnatal care, public health nursing services, dental care, and routine X-ray and laboratory services of the kind which are usually available in offices of private doctors and local health departments.

Health centers are also maintained by the Public Health Service for students at three large Bureau of Indian Affairs boarding schools -- at Shiprock on the Navajo Reservation, and at the Intermountain School, Brigham City, Utah (where there is an Infirmary) and at the Albuquerque Indian School, both off-reservation. Navajo students are enrolled at other off-reservation boarding schools which have similar large health centers.

Under contractual arrangements with the Service, local private physicians furnish medical care to students at Bureau of Indian Affairs operated dormitories at Aztec and at Bloomfield, New Mexico; at Holbrook, at Snowflake, and at Flagstaff, Arizona; and at Richfield, Utah.

The Albuquerque Area Office or the Window Rock Office staff provide special consultant services and program guidance in all professional areas including public health nursing, medical social service, nutrition, sanitary engineering, and health education. A special feature of the health education services in the area, are the contracts with the two University Schools of Public Health -- University of California and University of North Carolina, through which orientation of health education workers and consultant services are provided within the framework of the Division's organization.

The Public Health Service encourages young Indian men and women to take an active part in providing health services to their own people. Through the PHS Indian School of Practical Nursing at Albuquerque, New Mexico, a one-year program of theory and clinical experience in nursing skills is offered to prepare Indian students for qualifying as trained practical nurses. The school is both nationally and State accredited. Enrollment is open to young women throughout the continental United States who are one-quarter or more Indian and who have completed a 4-year high school course. Graduating classes, twice a year, number between 30 and 40. Following graduation, students take the State Board Examinations to qualify as licensed practical nurses. All are assigned to Public Health Service Indian hospitals and field health centers.

In addition to training in practical nursing, special in-service training is offered to Indian youth to qualify them as sanitarian aides, community health workers, dental assistants, and nursing aides.

Religious orders render valuable support in the educational and health programs in this region. Many church groups maintain missions on the Navajo and among the Pueblos. Some operate hospitals and support public health nursing programs. The largest of the Mission hospitals is the Sage Memorial Hospital at Ganado, serving Navajos in the Chinle, Arizona area. The 30-bed Rehoboth (Dutch Reformed) Mission Hospital is located outside of Gallup. Some Navajo finance their medical care in these hospitals. Others receive service and make only a token payment. The field workers of the Mission groups, especially the public health nurses, cooperate with the PHS field staff, exchange information, and provide valuable support in extending services to the Navajo in his home and community.

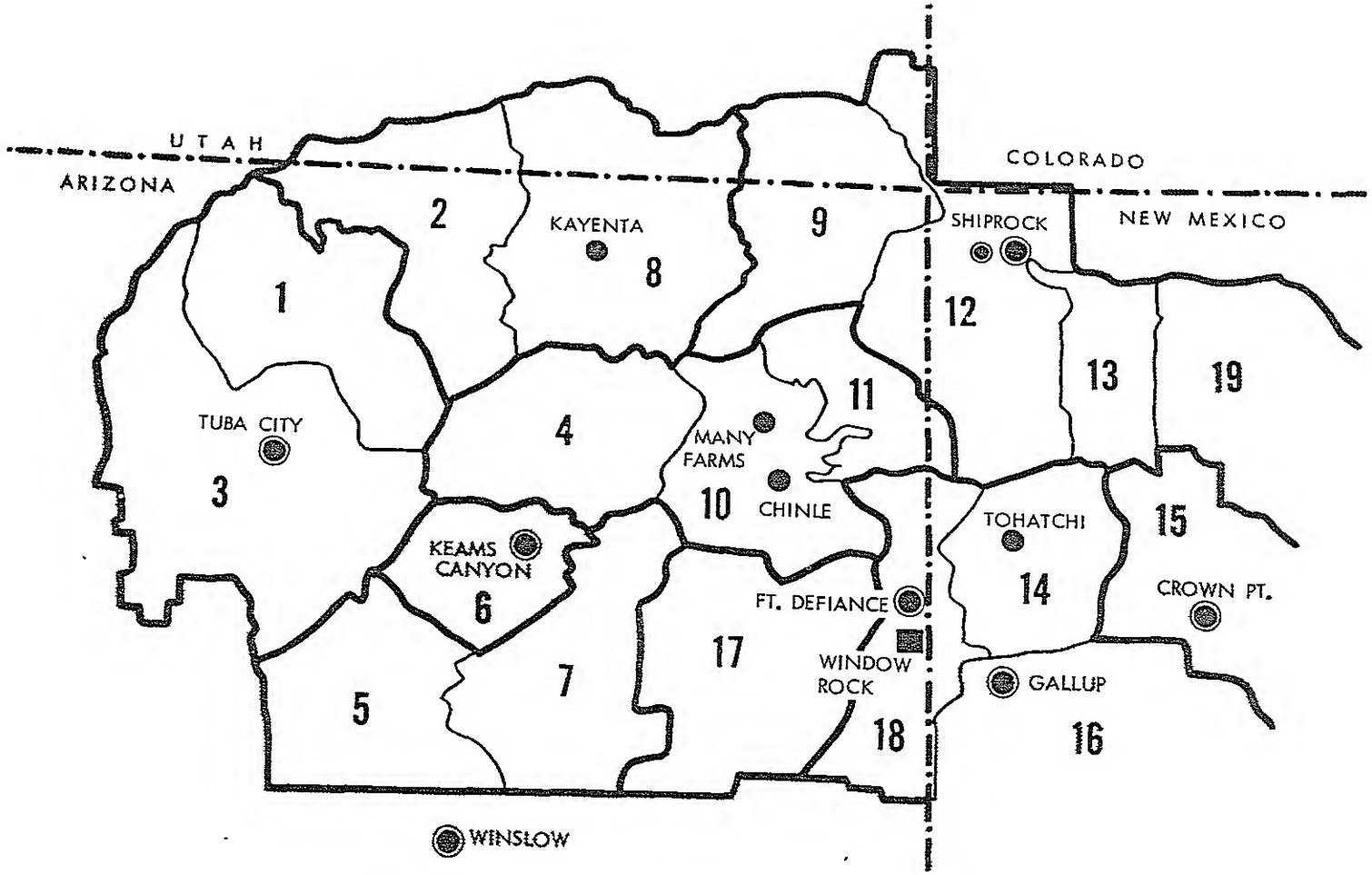
New Legislation

Since the transfer of the Indian health program to the Public Health Service, two laws affecting the provision of services to Indian beneficiaries were enacted. P.L. 85-151, approved August 16, 1957, authorized the use of funds available for construction of Indian health facilities to assist

in the construction of community general hospitals to provide integrated services to Indians and non-Indian citizens. This legislation has made possible a more fully planned use of community health resources, where the Public Health Service does not operate its own facilities.

Of the major contributing factors to the excessive incidence of disease and premature deaths among our Indian citizens is the unfavorable environment in which many of them live. Through the field surveys of the program's sanitary engineering staff, the extent of environmental health hazards are well-defined. Intensive efforts of the program's sanitary engineers, with the help of many Indian groups and the Indian sanitarian aides, are helping to overcome the unfavorable environmental conditions. On July 31, 1959, P.L. 86-121, was enacted, which in effect amends the transfer legislation, and authorizes the Public Health Service to provide sanitary facilities for beneficiaries of the program. Included are domestic and community water supplies and facilities,and facilities for sewage and waste disposal. The law permits the Service to make joint arrangements for participating in such projects with tribal groups, local authorities, and other public and nonprofit agencies, both in construction costs and in subsequent operation and maintenance. This new measure will, in the long run, bring about major improvement in the Indian health environment.

NAVAJO RESERVATION
LAND MANAGEMENT DISTRICTS AND PHS HEALTH SERVICE UNITS



*Shaded areas represent land outside Navajo boundary including Land Management District 6, Hopi Reservation, under Phoenix Area Office jurisdiction.

NAVAJO RESERVATION, ARIZONA, NEW MEXICO and UTAH

THE RESERVATION

LOCATION: Main Navajo Reservation is in parts of three States -- northeast Arizona, northwest New Mexico, southeast Utah. Principal counties: Apache, Coconino, and Navajo (Arizona); McKinley and San Juan (New Mexico); San Juan (Utah). Bordered by San Juan and Colorado Rivers on north and west, and by Little Colorado River on south and west.
Principal settlements - In the past, few Navajo lived in settlements; some families clustered about trading posts, hospitals, schools, and BIA facilities (Window Rock, 1957 pop. 400). New communities forming at mining and industrial locations: Glen Canyon Dam in upper northwest corner of reservation; Chinle, Arizona; Shiprock, New Mexico.
Nearest off-reservation towns - Albuquerque, New Mexico (1957 est. pop. 176,500), 166 miles from Window Rock. Cortez, Colorado (1950 pop. 2,680), Gallup, New Mexico (1957 est. pop. 12,000), and Farmington, New Mexico (1957 est. pop. 14,000) are 41, 70, and 20 miles from Shiprock.

BIA Field Office - Navajo Agency, Window Rock, Arizona

LAND AND CLIMATE: Nearly 24,000 square miles (15,088,227 acres), mostly tribally owned. Acreage figures include about 1,600 square miles allotted to individual Navajo families in New Mexico just adjacent to extreme eastern and southern boundaries of reservation. This portion is checkerboarded with lands in non-Indian or Federal ownership.

Ranges from desert to rolling plains, high plateaus, flat top mesas, mountains, inaccessible buttes, deep canyons, sand and gravel washes. Much land too rough, inaccessible, or barren to be used for grazing. Climate varies from warm summer sunshine to cold, arid air of high altitudes. Low annual rainfall, usually in torrential summer showers. Thousands of acres damaged by soil erosion.

For BIA purposes, Navajo lands are divided into 19 land management districts grouped into 5 BIA subagency administrative units. Mostly, they follow watershed or natural contour lines. Hopi Reservation, totally surrounded by Navajo Reservation, includes Land Management District #6. Remaining 18 districts fall within 8 Public Health Service units:

Gallup-Tohatchi (#14; #16; #18)	Kayenta (#2; #8)
Ganado-Cornfields (#17)	Chinle (#4; #10; #11)
Winslow (#5; #7)	Shiprock (#9; #12; #13; #19)
Tuba City (#1; #3)	Crownpoint (#15; #19, lower portion)

NAVAJO RESERVATION, ARIZONA, NEW MEXICO, and UTAH (continued)

Land Management District and Focal Points, (1950 pop.)	Approximate Size, 1957 and Topography	Economic Factors
KAYENTA (ARIZONA and UTAH)		
#8. Kayenta, Ariz. (pop. 35); Monument Valley, Ariz.	2,266 square miles. Sparse grazing land. Monument Valley elevation 5,000 feet.	Oil on flat lands. Uranium in Monument Valley region.
#2. Navajo Mountain, Utah	1,711 square miles. Elevations to 10,000 feet. Deep canyons.	Lowest income group among Navajo.
CHINLE (ARIZONA)		
#10. Chinle, Ariz. (pop. 150); Many Farms, Ariz.	1,241 square miles. Valley farms. Canyons de Chelly and del Muerto.	Abundant wheat. Navajo farming methods here copied from the Pueblo.
#4. Pinon, Ariz.	1,372 square miles. High mountains.	Coal and mineral deposits.
#11. Lukachukai, Ariz. (pop. 20); Round Rock, Ariz. (pop. 15)	678 square miles. Mathews Peak 9,000 ft. Petrified forest.	Uranium, also the Tsaile timber unit.
SHIPROCK (ARIZONA, NEW MEXICO, UTAH)		
#12. Shiprock, N.M. (pop. 125); Aneth, Utah	2,088 square miles. Mountain sides used as pastures. Flats at 4,000 feet, covered with volcanic rock. Farm land near San Juan.	Helium production center and uranium processing plant at Shiprock. Veins of coal in mountains. Large irrigation project. Oil and gas in Aneth region.
#9. Red Mesa, Ariz.	1,557 square miles. Mountains, farm land, some pasturage.	Vanadium, copper, and uranium mines in mountains; oil.
#13. Fruitland, N. M. (pop. 300); Burnhams, N. M.	619 square miles. Farm land.	Some irrigation.
#19. Upper portion: Farmington, N.M.* (est. 1957 pop. 14,000). Entire District outside reservation.	216 square miles. Farm land near San Juan River; grazing land to south.	Sheep raising. Truck farming. Land in scattered tracts, owned by individual Navajo families.
CROWNPOINT (NEW MEXICO)		
#19. Lower portion: Pueblo Pintado, N.M.*	(included above)	(included above)
#15. Crownpoint, N.M.* and Standing Rock, N.M. Most of District #15 lies east of Navajo Reservation.	615 square miles. Grazing land.	Sheep raising. Land in individual Navajo rather than tribal ownership. Fine silversmiths at S. Lake.

NAVAJO RESERVATION, ARIZONA, NEW MEXICO, and UTAH (continued)

Land Management District and Focal Points, (1950 pop.)	Approximate Size, 1957 and Topography	Economic Factors
GALLUP-TOHATCHI (ARIZONA and NEW MEXICO)		
#16. Gallup, N.M.* (1957 pop. 12,000); Fort Wingate, N.M.* and Rehoboth, N.M. Most of this property is southeast of reservation.	805 square miles. Grazing land.	Land in individual Navajo rather than tribal ownership. Sheep raising. Federally operated sheep laboratory at Fort Wingate. Gallup-Durango coal field.
#14. Tohatchi, N.M. (pop. 100).	995 square miles. Grazing land. Chuska Mountains to north.	Sheep raising. Commercial timber in mountains. Coal a potential.
#18. Fort Defiance, Arizona (pop. 645); St. Michaels, Ariz. (pop. 50); Window Rock, Ariz. (1957 pop. 400); Crystal, N. M.	959 square miles. Grazing land at high elevation; small mountain ridges.	Sheep raising; coal; tribal sawmill near Fort Defiance. New sawmill and town planned. Tribal timber managed on sustained yield basis.
GANADO - CORNFIELDS (ARIZONA)		
#17. Ganado, Ariz. (pop. 493); Cornfields, Ariz.; Holbrook, Ariz.* (pop. 2,336); Klagetoh, Arizona. (pop. 25).	1,815 square miles. High timbered plateau. Irrigated farm lands at lower elevation. Grazing land.	Larger sheep raising capacity here than at any other Land Management District.
WINSLOW (ARIZONA)		
#5. Winslow, Ariz.* (pop. 6,518) is just south of reservation; Leupp, Arizona (pop. 25).	1,228 square miles. Semi-desert grazing land.	Winslow is a stock raising and rail center.
#7. Seba Dalkai, Arizona.	1,445 square miles. Sparse grazing land.	Navajo here depend on off-reservation employment.
TUBA CITY (ARIZONA)		
#3. Tuba City, Ariz. (pop. 150); Moenkopi, Ariz. (pop. 655); Moenave, Ariz.; Cameron Ariz. (pop. 20).	2,724 square miles. Sparse grazing steppes. Small agricultural oasis at focal towns.	Sheep raising; farming. Uranium near Cameron. Natural gas near Tuba City, also rare metals industry.
#1. Kaibito, Arizona.	1,680 square miles. Dry washes that occasionally flood with torrential rains flowing down mountain sides.	Some copper in elevated plateau west of Kaibito.

* Beyond Navajo Reservation boundary.

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NAVAJO RESERVATION, ARIZONA, NEW MEXICO and UTAH
(continued)

THE PEOPLE

TRIBE: Navajo

POPULATION: Current estimates range from 70,000 to 84,000.

CHARACTERISTICS: Blood quantum - Mostly fully Indian, 1950.
Homes - One-room hogan of logs, earth, rock, or local materials, without windows. Grouped in family units. 5-6 persons per dwelling. Waste disposal and refrigeration facilities generally lacking. Members of at least one-half the households haul water two miles or more. Through tribal program, with technical assistance of PHS Area sanitary engineering staff, demonstration project constructing a conventional rectangular frame house is under way.
Education - 2 of 3 persons aged 25 and older had less than one year schooling. Less than 15% of persons aged 45 and older read, speak English (1950). Under accelerated program, 89% of Navajo 6-18 years of age attended school, 1958, two-thirds at BIA schools. Tribal trust fund for education recently established. First use of interest ($200,000), F.Y. 1959, used for scholarship grants including vocational training.
Average family income - Extremely low. Source - Livestock (principally sheep and wool); farm, ranch, railway, construction and mining wage labor. Some lumbering. A few jobs at nearby industrial plants. Arts and crafts.
Tribal income - Substantial income from oil, gas, and mineral (coal and uranium) leases. Funds used for economic development of reservation.

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HEALTH RESOURCES

INDIAN HEALTH FACILITIES: Five general Public Health Service Indian hospitals serve the Navajo. In addition to PHS staff, specialist-consultative services rendered by private physicians, through contract with PHS. Also, at each hospital is headquartered a staff serving field clinics. In fiscal year 1959:

PHS Indian Hospital	Beds avail.	Admissions	Births in hospital	Av. daily inpt. load	Outpt. services
Crownpoint, N. M.	56	1,312	232	41	12,115
Shiprock, N. M.	42	2,271	360	30	32,215
Tuba City, Ariz.	75	2,020	452	53	20,163
Winslow, Ariz.	51	1,148	226	29	13,622
Fort Defiance, Ariz.					
GM&S patients	125	2,758	543	99	32,967
TB patients	70	374	0	62	0

HEALTH RESOURCES (continued)

Many Navajo also receive care at PHS Indian (Hopi) Hospital, Keams Canyon, Arizona, now being replaced by new 38-bed facility. New 75-bed hospital under construction at Shiprock, scheduled for completion early 1960. The new 200-bed PHS Medical Center that is now under construction at Gallup, New Mexico will become the base Navajo hospital. Tuberculosis patients may go to the 108-bed PHS Indian (Albuquerque Sanatorium) Hospital, Albuquerque, New Mexico, which serves the entire Albuquerque Area; 173 patients admitted fiscal year 1959.

Diagnostic, treatment, and preventive services provided at PHS Indian Health Centers at Chinle and Kayenta, Arizona, and at Tohatchi, New Mexico; also the PHS Indian Gallup Health Center, Gallup, New Mexico.

Satellite to PHS Indian Hospitals and Health Centers where medical care is available on full-time basis, over 90 Service-operated stations or locations are designated where Navajos may receive therapeutic and preventive health services on a regularly scheduled, part-time, or itinerant basis. These include newly constructed field health stations at Cornfields, Pinon, Pueblo Pintado, Round Rock, and White Cone. There is also a PHS Indian School Health Center at Shiprock Boarding School, Shiprock, New Mexico, on the Navajo Reservation.

Dental services by one or more PHS dental officers and dental assistants headquartered at each of the five PHS Indian hospitals and four PHS Indian health centers. Staff from some facilities give care at various points on the reservation using portable equipment.

Environmental sanitation activities conducted in Shiprock, Tohatchi, Chinle, Cornfields, Tuba City, and Kayenta districts. Eight PHS sanitarian aides work with Indian families and communities to improve sanitation. PHS sanitary engineers and professional sanitarians furnish technical support to the aides and engineering assistance to the Navajo Tribe for development of cooperative communal water sources, water distribution systems, community planning, design and construction of transitional low-cost housing, and disposal of community wastes. Tribal material and Navajo labor used.

OTHER HEALTH RESOURCES: To supplement services at PHS facilities, hospital care at Federal expense may be authorized at community hospitals. For example, through contract arrangements, Navajo receive care in New Mexico at the 215-bed Bernalillo County Hospital (including oral surgery, emergency dental services) and the 118-bed Bataan Memorial Methodist Hospital, both at Albuquerque; at the 93-bed San Juan County Hospital, Farmington; at the 70-bed St. Mary's Hospital, Gallup; in Arizona at the 48-bed Flagstaff Hospital, Flagstaff; and in Colorado at the 60-bed Southwest Memorial Hospital, Cortez, and the 95-bed Mercy Hospital, Durango. Some 20 other community facilities serve Navajo patients on a reimbursable basis.

At some communities local physicians and dentists serve the Navajo at clinics or at hospitals named above, through contract arrangement with PHS.

HEALTH RESOURCES (continued)

Mission groups sponsor free medical care at many points on the Navajo Reservation and at the 88-bed Sage Memorial Hospital, Ganado, Arizona; the 30-bed Rehoboth Mission Hospital, Rehoboth, New Mexico; the Seventh Day Adventist Clinic at Monument Valley, Arizona, and the Rock Point Mission Hospital, Rock Point, Arizona.

Various projects which contribute to the health of the Navajo are conducted through contractual arrangements with PHS. The University of California has agreed to provide, within the administrative framework of the Division of Indian Health, services necessary for the implementation of a health education program on the Navajo Reservation; in-service training in health educational methods and procedures for staff throughout the Division; and the continuous documentation, reporting and evaluation of these activities.

Cornell University Medical College, under contract to PHS and with additional funds from the Navajo Tribal Council, several foundations, and private industry, is conducting research centered at the specially constructed Many Farms Clinic, Arizona, to ascertain the total health situation of Navajo Indians in this community. In conjunction with this study, patients are treated at the Many Farms Clinic.

A second feature of this study is evaluation of the changing Navajo attitudes and behavior toward their traditional medicine and current medical practice; doctor-patient relations, and community education to health needs with particular emphasis on developing more effective communications.

A program for crippled children conducted in collaboration with the State of New Mexico provides orthopedic clinics at Chinle, Tuba City, and Winslow, Arizona; at Gallup, Shiprock, Aztec, Albuquerque, and Truth or Consequences, New Mexico. Children with other crippling conditions are also cared for. Treatment is also provided in hospitals in Salt Lake City, Utah; Denver, Colorado; El Paso and Dallas, Texas; and at the Carrie Tingley Hospital, Truth or Consequences, New Mexico.

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HEALTH STATUS: Accidents were the leading cause of death among Navajos in 1957; influenza and pneumonia caused almost as many fatalities. Gastritis, duodenitis, enteritis, and colitis -- the leading cause six years ago -- now rank fourth. In 1957 the Navajo death rate from tuberculosis almost doubled that for all United States Indians. Although the Navajo infant death rate has dropped appreciably, it is almost three times higher than that for all infants in the country, with influenza and pneumonia, and diarrhea and dysentery the main causes of death.

SPECIAL PROBLEMS

Intensive case finding in 1957 revealed trachoma to be widespread on the reservation. Special health projects are now under way for prevention and control of tuberculosis and trachoma. Clinical examinations at Many Farms also revealed need for special care of ear infections, skin infections (impetigo), and conjunctivitis.

SPECIAL PROBLEMS (continued)

OTHER: Lack of water is the greatest concern of the Navajo, but isolation is another. Communication between Navajos and other people is hampered by language barriers, by the low economic status of the Indians on the reservation, and by poor roads. Completion of the final section of road from U. S. Highway #66 (about 6 miles east of Holbrook) through the Navajo Reservation to Keams Canyon on the Hopi Reservation makes possible an all-weather approach from the south. Funds authorized by Congress in 1950 (to be spent over a 10-year period), State funds, and funds appropriated by the Navajo Tribal Council have enabled some improvements of other roads, among them Route #3 extending from Tuba City to Coalmine Mesa and Route #1 leading from Shiprock, New Mexico, to Kayenta and Tuba City, Arizona.

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FIELD NOTES AND OBSERVATIONS

ISLETA PUEBLO, NEW MEXICO

THE RESERVATION

LOCATION: Central New Mexico, principally in Bernalillo and Valencia Counties and a part of Torrance County. The Pueblo is divided east and west by the Rio Grande River.
Principal settlements (1950 pop.) - Isleta (pop. 765); Peralta (pop. 573) on Rio Grande River.
Nearest off-reservation towns in New Mexico (1957 pop. est.) - Albuquerque (pop. 176,500) 12 miles north of reservation center; Belen (pop. 4,000) 5 miles south of the reservation; Mountainair (pop. 1,750) 50 miles from Peralta; Socorro (pop. 4,000) 55 miles south of reservation.

BIA Field Office - United Pueblos Agency, Albuquerque, N.M.

LAND: Around 210,000 acres. Almost all tribally owned, remainder is Government owned. Principally open grazing and woodland, with subsistence farms. Irrigation along Rio Grande River. Some waste land.

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THE PEOPLE

TRIBE: Pueblo

POPULATION: 1,800 estimated in PHS service area in 1957
1,566 enrolled tribal members in 1950

CHARACTERISTICS: Blood quantum - 93% fully Indian in 1950; 97% one-half or more Indian.
Homes - Typical dwelling a 3-room adobe house. 3.9 persons per dwelling unit (median). 1.3 persons per room (median).
Education - 57% of persons aged 45 and older read and speak English (1950). Isleta children attend BIA day school at Isleta, nearby rural public schools, and public schools in Albuquerque.
Average family income - Limited. Source - Principally from wage labor in Albuquerque; livestock and farming.
Tribal income - Confined to interest on tribal funds, earnings of community cattle enterprise, royalty on volcanic cinder lease, sign board permits, fishing, and hunting permits.

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HEALTH RESOURCES

INDIAN HEALTH FACILITIES: Public Health Service Indian Health Station at Isleta where a public health nurse is stationed. Medical, dental, and sanitation services are available from

the PHS Indian Health Center, Albuquerque. Professional sanitary engineering service by Area sanitation staff.

OTHER HEALTH RESOURCES: Hospital care at Federal expense may be authorized at community hospitals, mainly the 215-bed Bernalillo County Indian Hospital, and the 118-bed Bataan Memorial Methodist Hospital, both at Albuquerque 12 miles from reservation center.

Oral surgery and emergency dental care provided at the Bernalillo County Indian Hospital through contract with PHS.

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OTHER NOTES

SPECIAL PROBLEM: There are many non-Indian private claims to tracts of land within the Isleta Pueblo. Boundaries to these claims are not properly determined.

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FIELD NOTES AND OBSERVATIONS

JEMEZ, SANDIA, SANTA ANA, and ZIA PUEBLOS, NEW MEXICO

THE RESERVATION

LOCATION: Four small Pueblos within a 30 miles radius northwest of Albuquerque. In reach of State Highway #44 which follows the Nacimiento Mountain Range. For the most part in south central Sandoval County, although a segment of Sandia Pueblo falls in Bernalillo County. The original Santa Ana Pueblo Tract, 10 miles northeast of Bernalillo, is almost abandoned. The present Santa Ana Reservation is about 5 miles due north of Bernalillo.

Principal settlements - Carry same name as individual Pueblo.

Nearest off-reservation towns in New Mexico (1957 pop. est.) - Albuquerque (pop. 176,500), 10 miles south of Sandia, the southernmost of the four Pueblos; Santa Fe (pop. 34,000) 30 - 50 miles east of these Pueblos by winding road; Bernalillo (pop. 2,230) about 5 miles due south of Santa Ana and at the northernmost tip of Sandia.

BIA Field Office - United Pueblos Agency, Albuquerque, New Mexico

LAND: Number of acres (Pueblo or Federally owned): Jemez - 120,027; Sandia - 22,885; Santa Ana - 42,172; Zia - 146,096. In general, the land is arid open grazing and timbered. Irrigated subsistence farm land along the course of the Rio de Los Vacas and Jemez Rivers (Jemez, Zia, and Santa Ana) and along the Rio Grande River (Sandia).

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THE PEOPLE

TRIBE: Pueblo

POPULATION:

Pueblo	Estimated in PHS service area in 1957	Enrolled tribal members, 1950
Jemez	1,200	991
Sandia	200	158
Santa Ana	350	306
Zia	350	287

CHARACTERISTICS: Blood quantum - 95% or more fully Indian in 1950.

Homes - Typical dwelling a 2 or 3-room adobe. The median number of persons per dwelling unit ranges from 5 to 8, depending upon the Pueblo. Slightly more than 2 persons per room.

Education - The percentage of adults 45 years or older who both read and speak English is higher at Santa Ana, 45% (1954) than at the other three Pueblos. Many speak Spanish in lieu of English.

Average family income - Extremely low. Source - farming, livestock, wage work on and off Pueblos. Residents of Zia Pueblo supplement income with sale of handicrafts. Those who live close to Albuquerque or Santa Fe may go to those towns to find wage work.

Tribal income - Small amounts principally from leases and permits. Some Pueblos receive tribal income from sand, gravel, and volcanic cinder ash sales. Used to cover the cost of tribal government.

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HEALTH RESOURCES

INDIAN HEALTH FACILITIES: Field health clinics held at Jemez, Santa Ana, and Zia by physician stationed at Albuquerque Health Center; public health nursing services available at all four Pueblos. Referrals made to Public Health Service Indian Health Center in Albuquerque, presently staffed by two medical officers, a dental officer and dental assistant, sanitarian aide, clinic nurse, and eye specialist. A community worker (health) serves the four Pueblos on an itinerant basis.

OTHER HEALTH RESOURCES: Hospital care at Federal expense may be authorized at community hospitals, mainly the 215-bed Bernalillo County Indian Hospital and the 118-bed Bataan Memorial Methodist Hospital both at Albuquerque, within 30 miles of each of the Pueblos. Services of medical specialists are available at these hospitals through contractual arrangement with PHS.

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OTHER NOTES

SPECIAL PROBLEMS: Residents of these four small Pueblos are affected by new opportunities of employment at Santa Fe and Albuquerque. Assistance needed in adjusting.

PUERTOCITO and CANONCITO RESERVATIONS, NEW MEXICO

Puertocito and Canoncito Reservations constitute separate land holding Navajo communities in the Albuquerque Area. Located in the west central part of the State, these reservations (along with Ramah) are commonly referred to as "little Navajo" to distinguish them from the large Navajo Reservation, Window Rock Sub-Area, with which they share common characteristics. Although these minor groups are represented on the main Navajo Tribal Council, they are under separate BIA Agency administration.

THE RESERVATION

LOCATION: Canoncito Reservation is in Bernalillo and Valencia Counties, 30 miles from Albuquerque. It separates the northeast segment of the Laguna Pueblo from the Laguna Pueblo proper. Puertocito Reservation is in Socorro County with a small portion in Valencia County, in and north of the Cibola National Forest, 130 miles from Albuquerque.

Principal settlements - Alamo on the Puertocito Reservation and Canoncito on Canoncito Reservation.

Nearest off-reservation towns in New Mexico (1957 pop. est.) Albuquerque (pop. 176,500) about 30 miles from Canoncito and 80-100 miles from Puertocito by road. Socorro (1950 pop. 4,334) 35 miles from Puertocito.

BIA Field Office - United Pueblos Agency, Albuquerque, New Mexico

LAND: Puertocito consists of 62,000 acres; Canoncito, 69,842 acres. Most of the land is wooded, open grazing with subsistence farm lands along river and creek beds.

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THE PEOPLE

TRIBE: Principally Navajo

POPULATION:

Reservation	Estimated in PHS service area in 1957	Enrolled tribal members, 1955
Puertocito	450	388
Canoncito	500	428

CHARACTERISTICS: Blood quantum - At least 95% of all New Mexico Navajos are fully Indian.
Homes - Typical dwelling a one-room log hogan. Six persons per dwelling unit (median).
Education - Residents of these reservations are isolated, and in the past had little educational opportunity. At Puertocito, only 7% and at Canoncito 5% of adults aged 45 and over read and speak English (1950). About 40% of persons aged 18-44 read and speak English at both reservations. Reservation boarding school at Alamo and day school at Canoncito maintained by BIA.
Average family income - Low.
Tribal income - These groups participate in Navajo tribal benefits.

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HEALTH RESOURCES

INDIAN HEALTH FACILITIES: Field health clinics held at Alamo and Canoncito by physician stationed at Albuquerque Health Center; public health nurse also in attendance. Indians referred to the PHS Indian Hospital at Fort Defiance, and to the PHS Indian Health Center, Albuquerque. The sanitarian aide stationed at Laguna provides services on these reservations.

OTHER HEALTH RESOURCES: Hospital care at Federal expense may be authorized at community hospitals, mainly the 215-bed Bernalillo County Indian Hospital and the 118-bed Bataan Memorial Methodist Hospital, both at Albuquerque 30 miles from Canoncito and 80 or more miles from Alamo (Puertocito); also at the 144-bed Sun Valley Hospital, Socorro, 35 miles from Alamo.

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OTHER NOTES

SPECIAL PROBLEMS: Strong tendency of Indians at these reservations to cling to tribal customs. This tendency, strengthened by lack of education over many years, has resulted in prolongation of primitive pattern of living.

ACOMA PUEBLO, NEW MEXICO

THE RESERVATION

LOCATION: West central New Mexico, in Valencia County. Part of the block of Pueblos and reservations west and south of Albuquerque. Adjoins Laguna Pueblo to east. South of San Fidel on Federal Highway 66.
Principal settlements (1955 pop.) - Acomita (pop. 1,121), McCarty's (pop. 718), and the small community of Anzac. A few permanent residents at Acoma Pueblo proper.
Nearest off-reservation towns in New Mexico - Albuquerque, (1957 pop. est. 176,500) 65 miles from Acoma Pueblo; Grants (1957 pop. est. 7,000), and small town of San Fidel, close to northern edge of the Pueblo. Laguna (pop. 500) is an Indian settlement on the Laguna Pueblo adjacent to the Acoma Pueblo.

BIA Field Office - United Pueblos Agency, Albuquerque, New Mexico

LAND: About 234,000 acres of high mesas and canyons, semiarid grazing land with some irrigated farm land.

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THE PEOPLE

TRIBE: Pueblo

POPULATION: 2,000 estimated in PHS service area in 1957
1,863 enrolled tribal members in 1955

CHARACTERISTICS: Blood quantum - 99% fully Indian in 1950.
Homes - Typical dwelling a 2-room adobe house. 3.4 persons per room (median).
Education - Only 24% of persons aged 45 and older read and speak English (1950). Present-day educational standards improved. BIA day schools at Acomita and McCarty's.
Average family income - Improved employment opportunities in the development of uranium resources near the Pueblo. Other sources - Livestock, subsistence farming.
Tribal income - Business leases; tourist fees; hunting and fishing permits.

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HEALTH RESOURCES

INDIAN HEALTH FACILITIES: Public Health Service Indian Health Station at Acomita. A public health nurse is stationed at

Acomita. Sanitarian aide stationed at Laguna Pueblo nearby also serves the Acoma Pueblo; professional engineering services provided by Area sanitation staff. Medical and dental services available to the Acoma Pueblo group at the PHS Indian Health Center, Laguna.

OTHER HEALTH RESOURCES: Hospital care at Federal expense may be authorized at community hospitals, mainly the 215-bed Bernalillo County Indian Hospital and the 118-bed Bataan Memorial Methodist Hospital, both at Albuquerque 65 miles from Acoma Pueblo.

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HEALTH STATUS: Diarrheal diseases the greatest problem among Acoma children. Anemia, vitamin deficiencies, and overweight noted in a clinical survey in 1956.

SPECIAL PROBLEMS

OTHER: Scarcity of all modern conveniences at Acoma. There is no telephone on the Pueblo; two-way radio system serves as community facility for communication. Almost 40% of homes are without electricity; almost 90% of homes lack water piped from a protected well (and for a short period during the summer when the community water supply diminishes, residents of 60% of households haul water in barrels or drums from distant sources); there are no flush toilets on the Pueblo.

It is difficult for the few Indians living at the old town of Acoma to reach the PHS Indian Health Station at Acomita over existing rough roads.

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FIELD NOTES AND OBSERVATIONS

LAGUNA PUEBLO, NEW MEXICO

THE RESERVATION

LOCATION: This reservation is divided into three sections. The main portion is in Valencia County. The other, smaller parts, are in Bernalillo County and in Sandoval County. Adjoins Acoma Pueblo on west, Isleta Pueblo on east. A portion separated from main tract of land on northeast by Canoncito Reservation.

Principal settlements (1950 pop.) - Casa Blanca; Encinal; Laguna (pop. 500); Mesita; Paraje; Paguate (pop. 520); Seama.

Nearest off-reservation towns in New Mexico - Albuquerque, (1957 pop. est. 176,500) 45 miles east of Laguna; Correo (1950 pop. 35) and San Fidel, both 12-14 miles from Laguna.

BIA Field Office - United Pueblos Agency, Albuquerque, N.M.

LAND: Over 409,000 acres, almost all tribally owned. Open grazing and timberland, with farm land along the Rio San Jose and Rio Puerco Rivers (dry streams).

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THE PEOPLE

TRIBE: Pueblo

POPULATION: 3,550 estimated in PHS service area in 1957
3,083 enrolled tribal members in 1950

CHARACTERISTICS: Blood quantum - 97% fully Indian in 1950; 99% one-half or more Indian.

Homes - Typical dwelling a 2-3 room adobe house. 5.8 persons per dwelling unit (median). 1.9 persons per room (median).

Education - 51% of persons aged 45 and older read and speak English. Present-day educational standards improved. BIA day schools at Laguna, Mesita, Paguate, and Paraje.

Average family income - Formerly an impoverished group of Indians. Source-- Farming, livestock, and wage labor. Employment opportunities have improved markedly as a result of recent uranium development in the vicinity. Farming has declined as result of work opportunities.

Tribal income - Interest on tribal funds; business and mining leases; royalties from uranium mine on Indian owned property.

HEALTH RESOURCES

INDIAN HEALTH FACILITIES: Public Health Service Indian Health Center at Laguna where part-time medical officer, a dental officer and dental assistant, public health nurse, community worker (health), and a sanitarian aide are stationed. Professional sanitary engineering service provided by Area Office staff. Regularly scheduled PHS field health clinics are held at Encinal and Paguate. Public health nursing service also available at Casa Blanca, Mesita, Paraje, and Seama.

OTHER HEALTH RESOURCES: Hospital care at Federal expense may be authorized at community hospitals, mainly at the 215-bed Bernalillo County Indian Hospital and the 118-bed Bataan Memorial Methodist Hospital, both at Albuquerque, 45 miles from Laguna.

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OTHER NOTES

SPECIAL PROBLEMS: Acute water shortage during summer months. Land is barren and unproductive, but due to new opportunities for employment at uranium mine and off reservation, farming now less important than formerly as a source of income.

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FIELD NOTES AND OBSERVATIONS

COCHITI, NAMBE, POJOAQUE, SAN FELIPE, SAN ILDEFONSO, SANTA CLARA, SANTO DOMINGO, and TESUQUE PUEBLOS, NEW MEXICO

THE RESERVATION

LOCATION: North central New Mexico in parts of Rio Arriba, Sandoval, and Santa Fe Counties. Cochiti, Santo Domingo, and San Felipe are to the south of Santa Fe (between Santa Fe and Bernalillo); Nambe, Pojoaque, San Ildefonso, Santa Clara, and Tesuque are to the north of Santa Fe. Most of the Pueblos border on the Rio Grande River which steers a course through this region from north to south.

Principal settlements - Carry same name as individual Pueblo. Pena Blanca also a major settlement at Cochiti.

Nearest off-reservation towns in New Mexico (1957 pop. est.) Santa Fe (pop. 34,000) and Los Alamos (pop. 13,098) are 10 to 30 miles from northern group; Santa Fe and Bernalillo (pop. 2,230) 30 to 40 miles from southern group.

BIA Field Office-United Pueblos Agency, Albuquerque, N.M.

LAND: Number of acres (Pueblo or Federally owned): Cochiti - 25,854; Nambe - 18,791; Pojoaque - 41,126; San Felipe - 48,788; San Ildefonso - 26,079; Santa Clara - 45,750; Santo Domingo - 69,277; and Tesuque - 17,000. In general the land is arid open grazing and timbered, except for irrigated subsistence farm land along course of Rio Grande River and creeks on its watershed. Pojoaque Pueblo land is divided into two sections: 11,600 acre plot centered at village of Pojoaque and about 29,500 acres 230 miles away under lease to Navajo Tribe.

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THE PEOPLE

TRIBE: Pueblo

POPULATION:

Pueblo	Estimated in PHS service area in 1957	Enrolled tribal members, 1950
Cochiti	500	425
Nambe	150	163
Pojoaque	50	27
San Felipe	1,000	830
San Ildefonso	250	191
Santa Clara	700	609
Santo Domingo	1,550	1,232
Tesuque	200	171

COCHITI, NAMBE, POJOAQUE, SAN FELIPE, SAN ILDEFONSO, SANTA CLARA, SANTO DOMINGO, and TESUQUE PUEBLOS, NEW MEXICO (continued)

CHARACTERISTICS: Blood quantum - Reportedly majority are fully Indian.
Homes - Typical dwelling a 2 or 3-room adobe, badly overcrowded.
Education - Wide differences. At Santa Clara all speak and read English; at Santo Domingo only 25%, and at San Juan 32% of older adults read and speak English (1950). Spanish and Indian language heard frequently.
Average family income - Income low in the past. Some improved job opportunities at Los Alamos and at Santa Fe. Source - farming, livestock, and wage work. Cochiti, Tesuque, and Santo Domingo groups supplement incomes with sale of handicrafts (weaving, pottery, leather, bead and silver work).
Tribal income - Small amounts principally from leases and permits. Some Pueblos receive tribal income from sand, gravel, and volcanic cinder ash sales. Used to cover the cost of tribal government.

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HEALTH RESOURCES

INDIAN HEALTH FACILITIES: Public Health Service Indian Hospital at Santa Fe, newly modernized, staffed by three medical officers, a dental officer, 8 graduate nurses, and a dental assistant. Public health services provided by three public health nurses, a sanitary engineer, sanitarian aide, and a community worker (health). Hospital also used by Jicarilla Reservation group. In 1959 fiscal year there were -

64 beds available (average for year);
1,062 admissions and 147 births in hospital;
29 average daily inpatient load;
13,297 outpatient visits.

PHS Indian Health Stations at Cochiti, Nambe, San Felipe, San Ildefonso, Santa Clara, Santo Domingo, and Tesuque. A sanitarian aide is stationed at Santo Domingo.

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OTHER NOTES

SPECIAL PROBLEMS: These Pueblos affected by nearby atomic energy developments with increased employment opportunities and contacts with non-Indians. Assistance needed in adapting to rapid social and economic shift.

Tribal groups cooperative regarding environmental sanitation. Some have started garbage and refuse collection with disposal by the landfill method.

PICURIS (SAN LORENZO), SAN JUAN, and TAOS PUEBLOS, NEW MEXICO

THE RESERVATION

LOCATION: Picuris (San Lorenzo), Taos (20 miles to the northeast of Picuris), and San Juan (20 miles south of Picuris) are in north central New Mexico. Picuris and Taos are surrounded by sections of the Carson National Forest, both in Taos County. San Juan is in Rio Arriba County.
Principal settlements - The Indians of Picuris (San Lorenzo) are grouped at Chamisal and Picuris. Settlement at San Juan Pueblo is named after the Pueblo. The Indian community at Taos is to be distinguished from the larger off-reservation towns Don Fernando de Taos and Ranchos de Taos.
Nearest off-reservation towns in New Mexico (1957 pop. est.) - Dixon (pop. 1,000) 28 miles west of Taos; Taos (pop. 5,500) 2 miles from the Indian settlement; Santa Fe (pop. 34,000) is 70 miles south of Taos, 50 miles south of Picuris, and 30 miles south of San Juan.

BIA Field Office - United Pueblos Agency, Albuquerque, New Mexico.

LAND: Picuris Pueblo (San Lorenzo) - 41,685 acres tribally owned; San Juan Pueblo - 20,601 acres; and Taos Pueblo - over 47,000 tribally owned acres with, in addition, use rights to 30,000 acres of national forest land. In general acreage is elevated, mostly forest and open grazing. Picuris has some subsistence farm tracts. Some farming at San Juan near the Rio Grande River. Taos has about 2,500 acres of irrigated farm land.

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THE PEOPLE

TRIBE: Pueblo

POPULATION:

Pueblo	Estimated in PHS service are in 1957	Enrolled tribal members, 1950
Picuris (San Lorenzo)	150	138
San Juan	750	834
Taos	1,200	990

CHARACTERISTICS: Blood quantum - Reportedly, majority at all three Pueblos are fully Indian.
Homes - 2 or 3-room adobe (multi-floored at Taos); 4 to 5 persons per room at Taos.

Education - A report on Taos in 1952 states 88 adults did not speak English, 120 could not read or write English. Business with non-Indians conducted through interpreter. Picuris (San Lorenzo) group also culturally isolated. In 1950 at San Juan only 32% of adults 45 years or older could read and speak English.
Average family income - Subsistence level.
Tribal Income - Sufficient only to cover cost of tribal government.

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INDIAN HEALTH FACILITIES: Public Health Service Indian Health Center at Taos, presently staffed by a medical officer and a dental officer, a public health nurse, a clinic nurse, and a community worker (health). PHS Indian Health Station at Picuris (San Lorenzo) and at San Juan. Those requiring hospitalization referred to PHS Indian Hospital, Santa Fe, 65 miles from Taos.

HEALTH RESOURCES

OTHER HEALTH RESOURCES: Hospital care at Federal expense may be authorized at community hospitals, mainly at the 215-bed Bernalillo County Indian Hospital and the 118-bed Bataan Memorial Methodist Hospital. Both are at Albuquerque, 132 miles from Taos and somewhat closer to Picuris (San Lorenzo) and San Juan. Occasional use made of 29-bed Holy Cross Hospital at Fernando de Taos. Those eligible for care under the Crippled Children Service are referred to the Carrie Tingley Hospital at Truth or Consequences, New Mexico.
Dental care by local private dentist through contract with PHS.

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SPECIAL PROBLEMS: Taos homes are not equipped with gas or electricity. There has been some resistance on the part of older members of the tribe against piping water into homes. These tend to be traditional and conservative Pueblos.

OTHER NOTES

Some improvements have been made in environmental sanitation, however. A new water well has been drilled at the BIA Taos Indian day school. At the request of the Taos Pueblo Governor, a PHS sanitation survey was made of the water shed of the Taos River from which untreated water is now being used for domestic purposes. Sanitary landfill demonstration requested at San Juan Pueblo.

ZUNI PUEBLO and RAMAH ALLOTMENTS, NEW MEXICO

THE RESERVATION

LOCATION: Situated in extreme west central New Mexico, McKinley and Valencia Counties. The Zuni Pueblo extends east from Arizona-New Mexico border into Cibola National Forest. State Highway 53 runs east and west, and State Highway 32 runs north and south here, intersecting in upper half of the Pueblo. Ramah Allotments lie just east of Zuni Pueblo. It is a Navajo offshoot, directly south of the main Navajo Reservation. Residents of Ramah Allotments are represented on the main Navajo Tribal Council.

Principal settlements - Zuni is the population center of the Zuni Pueblo. Black Rock, Nutria, Ojo Caliente, and Tekapo are farming settlements. The settlement at Ramah carries the Allotments name.

Nearest off-reservation town - Gallup, N. M. (1957 pop. est. 12,000) 39 miles north of Zuni, 50 miles from Ramah.

BIA Field Office - Zuni Pueblo: Zuni Agency, Zuni, N. M.
Ramah Reservation: United Pueblos Agency, Albuquerque, New Mexico

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THE PEOPLE

TRIBES: Zuni at Zuni Pueblo; mostly Navajo at Ramah Allotments

POPULATION:

Pueblo or Allotments	Estimated in PHS service area in 1957	Enrolled tribal members
Zuni Pueblo	3,600	2,922 (in 1950)
Ramah Allotments	700	597 (in 1955)

CHARACTERISTICS: Blood quantum - Reportedly, majority are fully Indian.

Homes - Typical dwelling at Zuni a 3-room stone house; at Ramah a 1-room log hogan. At Zuni, 7.1 persons per dwelling; at Ramah, 6 persons per dwelling unit (median).

Education - At Zuni, half of adults aged 25 and older had 6.4 years or more schooling (1950); 80% of persons aged 6 and older read, speak English. During fiscal year 1958, 94% of Zuni aged 6-18 attended school, about equally divided between BIA, public, and mission schools. Children at Ramah attend public school, many living at BIA dormitory.

Average family income - Among the lower earning
New Mexico. Source - Livestock and subsistence f
with wage work on and off Indian lands. Zuni are
silversmiths, and also do excellent bead work. Ran
Navajo are principally sheep herders and day labor
Tribal income - Zuni have small tribal income from
leases and permits. Ramah group are represented o
Navajo Tribal Council and participate in Navajo T
benefits.

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HEALTH RESOURCES

INDIAN HEALTH FACILITIES: Public Health Service Ind
at Zuni presently staffed by two physicians, a dent
8 graduate nurses including a public health nurse,
worker (health), a dental assistant, and a sanitaria
In fiscal year 1959 there were -

43 beds available (average for year);
751 admissions and 193 births in hospita
19 average daily inpatient load;
9,874 outpatient visits.

Patients requiring specialized diagnostic and surgic
will be referred to the 200-bed PHS Hospital and A
Center at Gallup, New Mexico, when it is comple
Sanitary engineering service from Area sanitation s

OTHER HEALTH RESOURCES: Hospital care at Federal e
be authorized at community hospitals: 215-bed Be
County Indian Hospital and 118-bed Bataan Memor
Methodist Hospital, both at Albuquerque, over 10(

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OTHER NOTES

SPECIAL PROBLEMS: Environmental sanitation has recei
attention at Zuni. Area sanitation staff has worke
with the Tribal Council and BIA Field representati
matters, including:

1. Work on improvement and extension of wat
for Zuni Pueblo proper;
2. Development of plans for a community sewe
3. Mosquito control through drainage and spra
breeding areas;
4. Enactment by Zuni Tribal Council of ordinc
regulating food establishments on the Pueb
5. Outline of the development of a refuse col
system.

SOUTHERN UTE RESERVATION, COLORADO

THE RESERVATION

LOCATION: Southwest Colorado in Archuleta, La Plata, and Montezuma Counties. Adjoins the Ute Mountain Reservation on the west. Northern boundary runs about 10 miles south of and roughly parallel to U. S. Highway 160. Southern boundary is Colorado-New Mexico State line.
Principal settlements (1950 pop.) - Ignacio (pop. 526); Redmesa (pop. 135); Bayfield (pop. 335), and small farming communities including Oxford, Tiffany, Allison, and LaBaca.
Nearest off-reservation towns in Colorado (1950 pop.) - Cortez (pop. 2,680) 72 miles from Ignacio; Durango (pop. 7,459) 25 miles and Pagosa Springs (pop. 1,379) 55 miles from Ignacio.

BIA Field Office - Consolidated Ute Agency, Ignacio, Colo.

LAND: Covers more than 300,000 acres. Principally high elevation open wooded grazing tracts with some irrigated and dry farm land. Considerable waste and barren areas. Non-Indian holdings checkerboard reservation.

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THE PEOPLE

TRIBE: Predominantly Southern Ute

POPULATION: 500 estimated in PHS service area in 1957
569 enrolled tribal members in 1956

CHARACTERISTICS: Blood quantum - 87% fully Indian in 1950; 95% one-half or more Indian.
Education - 60% of persons aged 45 and older read and speak English. 86% of Consolidated Ute children aged 6-18 in school in 1958, mostly in public school. Tribal Rehabilitation Plan provides a college scholarship fund.
Economic status and living conditions - Marked change since mid-1950's, largely through resources available to tribe as a group. Notable improvement in housing. Old homes remodeled and new homes built or purchased, all equipped with electricity and modern conveniences. Homes without running water and interior plumbing are now the exception; previously they had been the rule. Substantial monthly per capita payments to all eligible members of the tribe from tribal funds in recent years have placed the Southern Utes in a favorable financial position although they had been among the lower income groups in Colorado for many years. Any

reduction in future tribal income and assets will have an adverse affect on almost every Southern Ute family.
Tribal Income - Substantial returns from oil, gas, mineral (coal and uranium) leases and royalties; lesser amounts from timber, lease of farm and range land, livestock, and business rentals. In July 1950, Court of Claims entered judgment on behalf of Confederated Bands of Ute Indians for restitution payment of lands taken from them by the Federal Government. Of this sum, the Southern Ute Tribe claim amounted to 5.4 million dollars plus interest. Funds are being used to finance a Tribal Rehabilitation Program which includes per capita payments and other benefits for the social and economic development of tribal members.

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HEALTH RESOURCES

INDIAN HEALTH FACILITIES: Public Health Service Indian Health Center at Ignacio. Staff currently includes a medical officer, dental officer, clinic nurse, dental assistant, and a sanitarian.

OTHER HEALTH RESOURCES: Public health nursing services provided on a half-time basis by the San Juan Basin District Health Unit through PHS contract with State of Colorado Department of Public Health.
Part-time medical care to Indians in the vicinity of Durango by local private physician through contract with PHS. Hospital and medical services available through Blue Cross-Blue Shield contract financed from tribal funds. Services in excess of those provided through this contract financed by PHS. Hospitalization mainly at the 95-bed Mercy Hospital, Durango, 25 miles from Ignacio; and at the 60-bed Southwest Memorial Hospital, Cortez, 72 miles from Ignacio.

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FIELD NOTES AND OBSERVATIONS

UTE MOUNTAIN RESERVATION, COLORADO, NEW MEXICO and UTAH

THE RESERVATION

LOCATION: Southwest corner Colorado; La Plata, Montezuma Counties. Extends southward into San Juan County, New Mexico. Allen Canyon scattered tracts are in San Juan County, southeast Utah, just west of major reservation. Principal settlement - Towaoc (1958 pop. est. 500). Nearest off-reservation towns (1950 pop.) - Cortez, Colo. (pop. 2,680) is 16 miles from Towaoc; Cortez City Commercial Air Field is 10 miles from Towaoc. Blanding (pop. 1,177) and Monticello (pop. 1,172) are both in Utah within the Allen Canyon group trade area.

BIA Field Office-Consolidated Ute Agency, Ignacio, Colo.

LAND: Main reservation more than 533,000 acres, all tribally owned. Mostly elevated grazing and timberland. Some waste land. Mineral resources include oil, gas, and uranium; all such subsurface assets are tribally owned. The Allen Canyon and White Mesa tracts in Utah to the west include 12,000 acres in individual Indian ownership checkerboarded with non-Indian land.

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THE PEOPLE

TRIBE: Predominantly Ute Mountain Ute

POPULATION: 700 estimated in PHS service area in 1957 (excludes Navajo in Utah)
675 enrolled tribal members in 1955

CHARACTERISTICS: Blood quantum - 100% fully Indian in 1950.
Homes - Until mid-1950's typical dwelling a tent, a one-room brush hut, or log house; 4-5 persons per unit. More recently many modern houses have been constructed; conveniences include electricity.
Education - One-third unable to read English; few speak English fluently. Situation improved currently. 86% of Consolidated Ute children aged 6-18 in school, 1958, mostly public school. Tribal scholarship fund available.
Average family income - Economic status and living conditions markedly improved since 1951 when increased tribal resources enabled high per capita payments to tribal members. Financial position raised from one of most depressed to one of most favorable Indian groups. However, any reduction in future tribal income and assets will affect almost every Mountain Ute family whose earnings are limited to work at sheep and cattle

raising, subsistence farming, and wage labor.
Tribal income - Recent development of oil, gas, and minerals (uranium) yields considerable income. Lesser receipts from lease of grazing land. In July 1950, Ute Mountain Tribe received about 6.4 million dollars in settlement for land claims from Federal Government. Income to finance Rehabilitation Program providing per capita payments and other benefits for social and economic development of tribal members.

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HEALTH RESOURCES

INDIAN HEALTH FACILITIES: Public Health Service Indian Health Location, Towaoc, Colorado is a joint PHS and Ute Mountain Tribal Council operation. Tribe finances a full-time nurse and a part-time clerk. PHS finances three scheduled clinic sessions weekly by local private physician through contractual arrangement; includes emergency services to Indians in vicinity and care of students (mostly Navajo) at Towaoc Boarding School. Dental services twice monthly by dental officer and dental assistant from PHS Indian Health Center, Ignacio, Colorado. Sanitarian comes to Towaoc from Ignacio. Male public health nurse stationed at Shiprock, New Mexico, provides limited nursing services to Allen Canyon Utes and Navajos living in Utah.

OTHER HEALTH RESOURCES: Public health nursing services on half-time basis by San Juan Basin District Health Unit through PHS contract with State of Colorado Department of Public Health; in Utah, public health services provided to Indians as other citizens by Utah State Health Department.
Medical and hospital care financed through contracts negotiated and financed by Ute Mountain Tribal Council: inpatient hospitalization at 60-bed Southwest Memorial Hospital, Cortez, Colorado, 16 miles from Towaoc; professional medical services by local private physician of patient's choice.

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HEALTH STATUS: Tuberculosis a major problem, as are accidents.

SPECIAL PROBLEMS

OTHER: Environmental sanitation problems exist in water supply, sewage disposal, storage of food, garbage and rubbish disposal. Significant progress made at Towaoc with installation of $100,000 water supply-distribution system, 1958. Few roads, and roads that do exist, are in poor condition. Ute Mountain group exceedingly isolated.

JICARILLA RESERVATION, NEW MEXICO

THE RESERVATION

LOCATION: Northwest New Mexico, principally in Rio Arriba County but small portion in Sandoval County. Extends from Colorado-New Mexico border on north (where it adjoins Southern Ute Reservation), almost to Cuba, New Mexico on south. Carson National Forest lies along northwest border of Reservation, the Santa Fe National Forest to southeast.
Principal settlements - The small communities of Dulce and Otero.
Nearest off-reservation towns in New Mexico (1950 pop.) - Cuba (pop. 733), about 65 mile drive from Dulce; Lumberton (pop. 350) 5 miles from Dulce; Pagosa Springs and Tapicitoes (pop. 100) 30 miles away.

BIA Field Office - Jicarilla Agency, Dulce, New Mexico

LAND: Covers some 750,000 acres, tribally owned. Rugged open grazing and timberland. Continental Divide runs north and south through most of this reservation.

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THE PEOPLE

TRIBE: Almost all Jicarilla Apache

POPULATION: 1,200 estimated in PHS service area in 1957
950 enrolled tribal members in 1950

CHARACTERISTICS: Blood quantum - 90% fully Indian in 1950.
Homes - A 1-2 room log house. Five persons per dwelling unit (median).
Education - Majority of Jicarilla said to lack grade school education in 1954. Over 10% of adults illiterate. Under new program, of 395 children aged 6 to 18 (in 1958), 18 attended BIA boarding school, 347 attended public schools. Tribe has recently established a scholarship fund.
Average family income - Low. Source - Livestock, wool, farming, wage labor.
Tribal Income - Returns from oil and gas; timber stumpage fees and timber sales. Tribal income utilized to cover cost of tribal government and other services.

HEALTH RESOURCES

INDIAN HEALTH FACILITIES: Public Health Service Indian Health Center at Dulce staffed by medical officer, public health nurse, clinic nurse, and sanitarian aide. Dental staff from PHS Indian Health Center, Ignacio, Colorado, come to Dulce to provide oral health services on a part-time basis. This dental service will be expanded as the backlog of care among the younger Indians at Ignacio is reduced. Itinerant sanitary engineering service from Santa Fe. PHS Indian Health Station from October to May at Otero. Indians requiring more than outpatient care referred to PHS Indian Hospital at Santa Fe, 140 miles away.

OTHER HEALTH RESOURCES: Hospital care at Federal expense is authorized at community hospitals, mainly at the 95-bed Mercy Hospital, Durango, Colorado, about 100 miles from Dulce or Lumberton; also at 93-bed San Juan Hospital, Farmington, New Mexico, 85 miles from reservation (contingent upon completion of new highway under construction).

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HEALTH STATUS: Accidents were the chief cause of death at the Jicarilla Reservation in 1955 and 1956.

SPECIAL PROBLEMS

OTHER: The Tribe is actively engaged in the solution of some of the reservation's sanitation problems. With guidance and supervision from PHS Area sanitary engineering staff, several springs have been developed and protected for safe domestic water supplies. In addition, under sponsorship of the Tribal Council, a privy construction program, using tribal labor, is underway.

This is a mountainous region which experiences considerable snow in the winter time and which has afternoon temperature change and wind downdrafts in the summer. Roads are often impassable, and although BIA construction of new airfield at Dulce has recently been completed, air transportation of patients to a hospital is still contingent upon favorable weather conditions.

MESCALERO RESERVATION, NEW MEXICO

THE RESERVATION

LOCATION: South central New Mexico, Otero County. In the center of the Lincoln National Forest.
Principal settlements - Mescalero (1950 pop. 200) and the smaller communities of Carrizo and Elk Silver.
Nearest off-reservation towns in New Mexico (1957 pop.) - Alamogordo (pop. 16,494) 30 miles from Mescalero; Carrizo (pop. 2,700) over 50 miles from Mescalero; Cloudcroft (pop. 800) 23 miles; Tularosa (pop. 3,000) 17 miles, and Ruidoso (pop. 2,500) 20 miles away.

BIA Field Office - Mescalero Agency, Mescalero, N. M.

LAND: More than 460,000 acres, tribally owned. Some land used for subsistence truck farming, but major topography is elevated open grazing land and forest timberland. Reservation is the "roof top" of watershed for surrounding counties. Most water for irrigation and other purposes within a radius of 100 miles has its origin on this reservation.

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THE PEOPLE

TRIBE: Largely Mescalero Apache

POPULATION: 1,200 estimated in PHS service area in 1957
1,050 enrolled tribal members in 1950

CHARACTERISTICS: Blood quantum - 90% fully Indian in 1950; 96% one-half or more Indian.
Homes - Typical dwelling a 2-4 room frame house. Many built as part of reconstruction program beginning in 1936. 4 persons per dwelling unit (median). 1.1 persons per room (median). Serious housing shortage, particularly at Mescalero; many families live in tents with no utilities.
Education - 93% of persons aged 6 and older read and speak English (1950). Most children attend public school, a few at BIA boarding school.
Average family income - Among lower income groups in New Mexico. Source - Mainly stock raising; only a few families engaged in farming. Some employment in forestry, fire fighting and on-reservation construction projects. Little off-reservation employment.
Tribal income - Principally from timber sales.

INDIAN HEALTH FACILITIES: Public Health Service Indian Hospital at Mescalero staffed by two medical officers, six graduate nurses including one public health nurse. In 1959 fiscal year there were -

25 beds available (average for year);
759 admissions and 62 births in the hospital;
13 average daily inpatient load;
7,685 outpatient visits.

Sanitation and sanitary engineering services provided by staff of Area Office, Albuquerque, New Mexico.

HEALTH RESOURCES

OTHER HEALTH RESOURCES: Hospital care at Federal expense may be authorized at community hospitals, mainly at the 215-bed Bernalillo County Indian Hospital and the 118-bed Bataan Memorial Methodist Hospital, both at Albuquerque, 139 miles from Mescalero (patients are transported by airplane, in emergency situations), and the 36-bed Gerald Champion Memorial Hospital, Alamogordo, 30 miles from Mescalero, and the 10-bed Ruidoso-Hondo Valley Hospital, Ruidoso, 20 miles from Mescalero.

Limited dental care and oral health services provided through PHS contract with local private dentists at Hollywood and Alamogordo, New Mexico.

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HEALTH STATUS: Accidents and diseases of early infancy are leading causes of death at the Mescalero Reservation. Serious malnutrition among children.

SPECIAL PROBLEMS

OTHER: Sewage and garbage disposal an increasing problem because trend toward population concentration around the town of Mescalero. High elevation and heavy snows render the small Indian settlements here inaccessible during the winter.

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